

Riverside Secondary School

Financial Need Information Form

(This form must be completed if applying for a scholarship/bursary where the criteria states \$ need)

Preferred First Name:	
Legal First Name:	
Legal Last Name:	

Post Secondary Institution(s) Applied to:	
--	--

Student Resources:		Post Secondary Expenses:	
Savings:	\$	Tuition:	\$
Summer Income:	\$	Books:	\$
Anticipated Scholarships:	\$	Transportation/Housing:	\$
Financial Assistance from Parents:	\$	Other:	\$
Total:	\$	Total:	\$

Background Information			
Do you have a part time job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many hours?
Do you have siblings at University?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many?

Mother	Father
Name:	Name:
Address:	Address:
Occupation:	Occupation:

Please provide additional information which may assist the Scholarship Committee in determining your financial need.	
Combined family income before taxes:	\$
Student Signature:	Parent Signature: